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ABSTRACT

Three studies examined aspects of child care in New Zealand. In the first study, supervisors of 38 child care centers were interviewed about the organization of their centers. Based on the responses, categories were developed to describe the type of center, the persons responsible for management decisions, organization of care by age grouping, and the number of children under 2 years of age attending the center. Six of the centers responding were selected for further examination in the second study. In this study, the interactions of caregivers with 36 infants and toddlers were observed. Behaviors observed most frequently included infant's solitary activity, caregiver's talking to infants, infant's peer interactions, and caregiver's touching. Behaviors observed least frequently included caregiver's expression of negative affect and infant's violation of adult standards. Child-staff ratio was noted, and behaviors were correlated to type of center. The third study was designed to gather information on the needs of children in care. Interviews conducted with parents and supervisors at the six selected centers revealed infants' emotional, social, cognitive, and health needs. Several parental, staff, and community needs were also identified. Implications of the study for staff management and training, curriculum, government support, and further research are discussed. Eight references are cited. (BC)

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INFANTS AND TODDLERS IN NEW ZEALAND CHILDCARE CENTRES

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Paper Presented at the Fifth Early Childhood Convention, Dunedin, 8-12 September, 1991

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INTRODUCTION

The number of infants and toddlers aged under 2 years who attend childcare centres in New Zealand has increased in recent years. In 1989, 1261 infants attended licensed childcare centres for more than 4 hours per day, another 833 infants attended less than 4 hours, and the total number who attended was 2094 (1 July 1989 Early Childhood Education statistics, Ministry of Education). By 1990, 4827 infants and toddlers aged under 2 years were on the regular roll at licensed childcare centres, and another 1181 attended on a casual basis, bringing the total to 6008 (1 July 1990 provisional data, Ministry of Education). Precise comparisons across the years are precluded by the changes in the questions asked on the Ministry of Education forms and also, prior to 1989 separate data were obtained for children aged under 3 years but not for children aged under 2 years. The statistics for 1989 and 1990 do suggest, however, that there has been a marked increase in the attendance of infants and toddlers aged under 2 years at licensed childcare centres.

In 1988 the Meade Report identified children aged under 2 1/2 years as a priority area for provision in New Zealand, then in the July 1989 budget the Labour government introduced an increase in the funds allocated to provide for children aged under 2 years attending childcare centres.

Given the increased numbers of infants and toddlers in full care at licensed childcare centres, and the recent increase in funding to this sector, there was an urgent need for New Zealand research on quality care for infants and toddlers in childcare centres, which included consultation both with childcare centre staff and owners and with parents. A recent review of the international research literature on infants and toddlers in childcare centres has shown that quality care is developmentally important for children aged under 2 years, and important for the wellbeing of parents and childcare centre staff (Podmore, 1990).

The present study was initiated in response to a current need and to requests received from childcare personnel and from colleges of education. The study aimed to extend current knowledge within the New Zealand context about infants and toddlers who attend childcare centres.

The objectives were: to describe the organization of care for infants and toddlers in childcare centres, to observe and record the interactive experiences of infants and toddlers in full-time care, and to document views on developmentally appropriate care conditions.
The study addresses these research questions:

1. How are education and care organized in childcare centres in terms of physical arrangements for infants and toddlers?

2. What are the actual interactive experiences of infants and toddlers in childcare settings?

3. What aspects of care do childcare staff, parents, health personnel, and developmental theorists consider important for 0- to 2-year-old children in regard to:

- physical development and health,
- socio-emotional development and wellbeing,
- cognitive and language development,
- cultural-contextual needs;

and on what experiences or theories are these based?

4. What are the implications of the research findings for practice and for policy development with infants and toddlers?

The study comprises an Auckland component, funded on contract to the Ministry of Education, and a Wellington component, funded by the New Zealand Council for Educational Research and the Social Sciences Research Fund Committee. We will be talking about findings from both the Auckland and the Wellington components of the study.

ORGANIZATION OF CARE FOR INFANTS AND TODDLERS

Method

Sample

Supervisors of 38 Auckland childcare centres were interviewed about the organization of care for children aged under 2 years. This represented almost 50 percent of the centres catering for under 2s in the greater Auckland region. Random numbers tables were used to select the centres from the Early Childhood Development Unit's lists of all childcare centres which provide full-time care for children aged under 2 years. Six of the private centres originally selected declined to participate, and random replacement centres were arranged. The participating centres covered a wide geographic area extending from Pukekohe and Waiuku in the south to Whangaparaoa in the north.

In Wellington, 16 supervisors were interviewed about childcare centre organization. This represented 50 percent of the centres licensed to cater for under 2s in full day care in the greater Wellington region. The region sampled extended north to the Kapiti Coast and to the Wairarapa. All of the randomly selected childcare centres from the Wellington region agreed to participate in the study.

Procedure

Interviews with the supervisors were conducted at the childcare centres at mutually convenient times. Topics covered in the interview questions included: the physical arrangements for care (baby room or cross-age care), timetables and the structure of the day's activities, organization of staffing, sleeping arrangements, activities and play, age grouping and transition from groups, and staff duties. Questions were asked about past, present, and future organizational arrangements. The interviewers also toured the premises briefly, mapping the indoor and outdoor lay-out.

Photocopies of centre materials were collected, including examples of written materials about daily routines and menus, and any newsletters. Copies of the childcare centre charters were also collected in Auckland, where at the time of the data collection, charters had reached the first or second draft stage of development. The duration of each interview and centre visit was around 2 hours.

The interviews were tape recorded and transcribed by the

interviewers. Supervisors were informed that centre materials and interview transcripts would be treated confidentially, that every effort would be made to protect the identity of the participants, and that the participating childcare centres would not be named in any reports on the study.

Analyses

Analyses of the transcribed interviews were carried out to develop a classificatory system of organizational categories. Categories were developed to describe the childcare centre type, the persons responsible for management decisions, the organization of care by age grouping, and the number of full-time under 2s attending. Three Auckland and three Wellington centres representing contrasting organizational categories were selected for in-depth study.

Results:

Organizational Interviews

Organizational Categories

The types of childcare centres identified in the category analyses were: private centres, private chain centres, work based centres, centres sited at educational institutions, and alternative arrangements such as centres established by charitable trusts or the local community or council. Management decisions were the responsibility of: the centre owner; the owner/manager; the manager/supervisor; the supervisor/staff; or in the case of parent co-operatives, a parent/staff committee. Organization of care by age grouping was classified into these categories: under 2s centre, full babyroom, part cross-age, and full cross-age. The number of full-time under 2s attending the centre was another important variable relevant to centre organization.

Privately owned centres had one or more owners and were run as a private business. Private chain centres were one of a group of three or more centres under the same ownership. Work based centres were established by or for parents at the same work site (for example a hospital) or within employment covered by the same union (for example, the Public Service Association). Centres sited at educational institutions included those at secondary schools, universities, and polytechnics. Centres established by charitable trusts were associated with church groups and provided a community based service. Centres established by the local community or council also provided community based care.

The 38 Auckland and 16 Wellington centres were classified according to the centre type, the persons responsible for

management decisions, the organization of care by age grouping, and the number of full-time under 2s attending.

Organizational data collected from the Wellington region showed that relatively similar numbers of childcare centres were classified into each of the centre type categories. Of the 16 centres, 2 were privately owned and another 2 were private chain centres, 3 were work based, 3 were sited at educational institutions, 3 were established by charitable organizations or trusts, and 3 were established by the local community or council.

At Auckland, there were more privately owned childcare centres. Among the 38 centres in the Auckland region, 17 were privately owned (one of these was also work based) and another 3 were private chain centres, 6 were work based, 8 were based at educational institutions, 1 was owned by a charitable organization, and 3 were established by the local community or council.

At the work based childcare centres and at centres sited at educational institutions, management decisions tended to be made by parent committees with staff representation. Several centres at educational institutions had a parent-staff committee and a Board of Trustees. At the private centres, management decisions tended to be made by the owner and/or the centre director (supervisor), usually in consultation with the staff.

The age grouping most frequently found at both the Auckland and the Wellington centres was part cross-age care.
Of the 16 Wellington childcare centres, 2 were under 2s centres, 3 provided predominantly full babyroom care, 8 had part cross-age grouping of care with some separation of the under 2s, and 3 had full cross-age care. The number of infants and toddlers who attended full time ranged from 1 to 5 at the centres with full cross-age care, to 7 to 13 in centres which catered entirely for children aged under 2 years.

Among the 38 Auckland childcare centres, 4 were under 2s centres, 2 provided predominantly full babyroom care, 24 had part cross-age grouping of care with some separation of the under 2s, and 8 had full cross-age care. The number of children aged under 2 years who attended full time ranged from 0 to 8 at the centres with full cross-age care, to 3 to 25 at centres which catered entirely for infants and toddlers.

Childcare Centres Selected for In-depth Study

Six centres, three in Auckland and three in Wellington, were selected for further in-depth study. The six centres represent contrastive organizational categories. They include:

1. a private centre where the owner is responsible for decision making, and the care for the 6 full-time under 2s is organized on a part-babyroom part-cross age basis (licensed for 6 under 2s);
2. a centre established by a charitable organization, where decisions are made by staff and parents, and the care of the 5 full-time infants is organized predominantly in a babyroom situation (licensed for around 7 under 2s);
3. a work and community based centre where management decisions are the responsibility of a parent-staff committee and care of the 7 full-time under 2s is part-cross age (licensed for 8 under 2s on a full-time basis);
4. an on-site work-based centre with a parent committee responsible for decisions and part-to-full cross-age care for the 5 full-time under 2s (more infants attend part-time licensed to cater for 12 under 2s);
5. a centre at an educational institution, where decisions are made by a parent committee and care of the 2 full-time under 2s is organized on a full cross-age basis (licensed for 4 under 2s);
6. a centre which is one of a private chain, where the centre director and advisor are involved in decision making, and the centre caters entirely for infants and toddlers aged under 2 1/2 years; 11 under 2s attend full time (licensed to cater for 40 under 2s).

OBSERVATIONS OF INFANTS' AND CAREGIVERS' INTERACTIONS

Method

Sample

At the three Auckland and three Wellington centres selected for intensive observation, a total of 36 infants and toddlers were observed using a trialled and adapted version of Howes (1983) 18 infant-caregiver interactive behaviour categories. At each centre between 2 and 11 infants and toddlers were observed. This represented a complete population of all infants and toddlers aged under 2 years who attended the six centres on a full-time basis.

Half of the children attended Auckland centres and half were at Wellington centres. More boys than girls attended full-time (25 boys, 11 girls). The children's ages ranged from 7 to 23 months. More of the children were first-born than later-born.

The majority of the infants were identified by their parents as Pakeha or European. Although the supervisors described several of the centres as ethnically mixed, there were relatively few children aged under 2 years from minority ethnic groups attending the centres full time. 2 boys were described as Chinese, 1 as Eurasian, 1 as Maori and Pakeha, and 1 as Samoan.

Families from higher and middle socio-economic groups were over-represented in the sample. These trends may reflect the continuing high cost to parents of full-day centre-based care. The ethnic group composition of the sample also seems partly attributable to the expansion of the Kohanga Reo and the Pacific Island Language Nests in Auckland and Wellington.

Observational Measure

The observational categories used in this study were based on Howes (1983) and Rubenstein and Howe's (1979) categories. We adapted the categories during a pilot study carried out in Wellington (Podmore & Craig, 1990). The 18 categories include caregiver and infant behaviours like reciprocal responsiveness and stimulation, which are considered developmentally important for infants and toddlers (Honig & Lally, 1988; Howes, 1986).

Procedure

Each infant was observed for 40 minutes on each of 2 separate days. The researchers used an electronic timing device to record

the infant's behaviour and caregiver interactions. Information was also recorded about contextual variables like the number and gender of caregivers, and the number of children, present. At three of the six centres, some interactions with male caregivers took place, although all of the staff working specifically with the under 2s were female staff members. The researchers recorded notes about the activities in which the infant or toddler participated. Most infants and toddlers were observed both indoors and outdoors while engaged in a range of play activities and care routines. Times when the infants and toddlers were actually sleeping were excluded from the observations, although they were observed while being settled into cots or settled to sleep. Main meal times were also excluded from these observations.

Inter-observer Reliability Data

Inter-observer reliability data were collected on about 20% of the total observations and calculated using the percentage method. There was a satisfactory mean of 88.09%.

Data Analyses

Where sample sizes permitted, the differences in group mean scores were analyzed. F tests using least-squares estimates of means, and Scheffe's multiple comparison tests, were computed.

Results:

Category Observations of Caregiver-Infant Interaction

The mean frequencies of the 18 interactive behaviours showed that the behaviours which occurred most frequently were infant's solitary activities, caregiver talks to infant, infant interacts with peer, and caregiver touches, hugs, or holds infant. Behaviours observed most rarely were caregiver expresses negative affect, infant violates adult standards, and caregiver ignores request or responds negatively to infant's distress.

Means and standard deviations on the 18 behavioural categories were analyzed separately by observational day (day 1 and day 2), by child gender (26 boys, 11 girls), by childcare centre type (including private and non-private ownership, cross-age and same-age care), and by infant's age (16 infants aged 7 to 17 months, 20 toddlers aged 18 to 23 months).

Child Gender

The mean scores suggest that there were no major differences attributable to child gender on most of the 18 interactive behaviours. Subsequent analyses of variance showed a trend for

the female infants to receive positive responses to their social bids more frequently than the male infants. An example of a caregiver's positive response was:

> The infant cries. The caregiver responds within the 15-seconds observation time and says: "What's the matter?". The caregiver reaches to pick up the infant.

However, there were no differences in the frequency with which caregivers ignored or responded negatively to boys' and girls' requests or distress.

Infants' and Toddlers' Ages

Peer interaction occurred more frequently among the older toddlers than among the younger infants ($M = 30.30$, $S.D. = 8.91$ for older toddlers; $M = 18.94$, $S.D = 10.68$ for the younger infants). Some examples of peer interaction were:

> A toddler asks another toddler near him: "What's that?";
> An infant sitting on the floor is gazing reciprocally at another infant.

Follow-up analyses of variance showed a trend for the older toddlers to have caregivers talk to them more frequently ($F = 4.65$, $p<.05$; Scheffe test significant at $p<.05$).

Compared with the younger infants, toddlers aged 18 months and over also received more positive responses from caregivers to their social bids ($F = 7.13$, $p<.05$; Scheffe test significant at $p<.05$). Younger infants expressed more negative affect to caregivers ($F = 10.59$, $p<.01$; Scheffe test significant at $p<.05$). Three examples of expressing negative affect were:

> The toddler falls off his chair and cries.
> A toddler pinches the infant, and the infant screams.
> The toddler shouts at a caregiver.

The most strongly significant age difference was found on the behaviour, infant/toddler interacts with peer. Older toddlers interacted with their peers more frequently than did younger infants ($F = 13.6$, $p<.001$; Scheffe test significant).

Childcare Centre Type

There were some similarities across the centres on some behaviours. However, the mean score on caregiver touches, hugs, or holds infant ranged from 12.5 at one centre to 28.6 at another centre; the mean score on caregiver talks to infant varied from 35.3 at one childcare centre to 57.4 at another centre; and the

mean occurrence of infants' solitary activities ranged from 46 at one centre to 87 at another centre.

When the data for the private and non-private centres were combined and compared, few major differences were evident. Subsequent analyses of variance were interpreted with considerable caution because there were only two private centres and four non-private centres in the sample. The results supported a trend for caregivers at non-private centres to touch, hug, or hold infants and toddlers more frequently ($F = 15.93$, $p<.001$, Scheffe test significant).

Adult-Child Ratios

The ratios of staff members to children were recorded from each coding sheet, that is for each 8 minute interval for each infant or toddler. In almost all cases the observed adult-child ratios were better than those required by minimum standards.

There were no major variations in the ratios experienced by male and female infants. The ratios differed very slightly according to the child's age. Younger infants aged under 18 months experienced a mean ratio of 1 staff member per 3.73 children, whereas toddlers aged 18 months and over had a mean ratio of 1 per 4.47.

The mean ratio for the combined non-private childcare centres was 1 adult per 3.5 children. At the private childcare centres, the mean ratio observed was 1 to 4.7.

At each of the six childcare centres, the mean ratio of caregivers to infants and toddlers exceeded the minimum standards, and at some centres the observed mean ratios almost reached the recommended quality standard of 1 caregiver per 3 infants.

ETHNOGRAPHIC OBSERVATIONS

Ethnographic week-long observations were conducted at the three Auckland and three Wellington centres selected for intensive observation. It was planned that each centre would be observed for five consecutive days for the duration of the day that the centre was open. However, in two of the centres the selected weeks were interrupted by atypical events that had never occurred before at either centre. Out of consideration for the staff and childcare families, the researcher returned to conduct further observations on a later week when the staff and children were not under unusual stress. In all cases the centres were observed for at least five days.

Using participant observation techniques (Spradley, 1979), the experiences of the infants and toddlers in these selected centres were recorded in detailed ethnographic fieldnotes. Of particular interest were observations of interactions of parents with staff as the infants and toddlers were dropped off and picked up from the centre, and observations of these children's interactions with their peers and with staff throughout the day. The daily routines of each centre were documented in detail, as were activities, resources, and equipment used in the care and education of children under 2 years. The focus was on identifying similarities and differences in routines and activities, contacts with parents, health personnel, and any other visitors as well as caregiver-child interactions and child-child interactions. The aim was to document the diverse range of organizational features of New Zealand childcare centres and provide descriptive data on the daily experiences of infants and toddlers in full-time childcare. During the course of the week informal interviews and conversations were conducted with centre staff to discuss in depth various practices that were observed. These conversations were recorded in the fieldnotes.

Analyses of preliminary ethnographic data are nearing completion.

MEETING THE NEEDS OF INFANTS, PARENTS, CHILDCARE CENTRE STAFF, AND COMMUNITIES

Method

Interviews were carried out to gather information about how to meet the needs of infants and toddlers in group care, and the needs of parents, centre staff, and the community.

Participants

The parents of the 36 infants and toddlers who attended the six selected centres full-time were invited to participate. Parents were asked to participate in an interview, either together or separately, in a mutually convenient place at a mutually convenient time. In 23 cases both parents were interviewed together. Although the parents clearly led very busy lives, at least one parent of each infant and toddler was interviewed.

The mothers' ages ranged from 23 to 40 years , and the fathers' ages ranged from 25 to 42 years. In many cases, both parents were New Zealand born.

Supervisors of the six centres, and staff members working with the children aged under 2 years, also participated in interviews. At each centre, between 2 and 4 supervisors and staff members were interviewed, with a total of 16 staff interviews.

None of the centres identified a Plunket nurse who visited the centre regularly, although one Public Health Nurse was interviewed.

Procedure

The in-depth interviews ranged in duration from 1 to 3 hours. Interviews took place in a range of venues, suggested by the participants. Many of the parents were interviewed in their homes in the evening.

Wherever consent was granted, the interviews were tape-recorded then transcribed by the interviewers. Participants were assured that anything they said would be treated confidentially.

Data Analysis

Categories were developed for coding the responses of parents, staff, centre owners, and visitors. In this study all interviews were sampled when compiling the coding categories. This procedure, although time consuming, ensured that the coding categories were comprehensive across the total sample.

Results:

Views of Parents, Staff, and Centre Owners and Visitors on the Needs of Infants and Toddlers, Parents, and Caregivers

Infants and Toddlers' Emotional, Spiritual and Social Needs

When the parents of the 36 infants and toddlers were asked, "What do you see as the main needs of infants and toddlers (aged under 2 years)?", 30 (83%) spontaneously mentioned aspects of children's emotional needs. In addition, 19 parents or couples (53%) referred to infants' and toddlers' intellectual needs, 16 (44%) to physical needs, 15 (42%) to social needs, 9 (25%) to health needs, and 4 to language needs. Cultural needs were not mentioned spontaneously at this point.

When asked specifically about infants' and toddlers' main emotional needs or spiritual needs, parents most frequently mentioned love and affection (28 parents, 78%). Some parents commented on the need for security, for limits and/ or discipline, for comfort or support when hurt or upset, and for identity, self-esteem, confidence, or self-concept development. A few parents talked about the need for praise and reinforcement, or about spiritual needs.

Most parents spoke specifically about their own infant's or toddler's need for love or affection:

> Father: He likes cuddles.
> Mother: And gives cuddles.
> Father: He loves joining in and giving cuddles.

The majority of the staff members also mentioned love and affection as emotional needs of infants and toddlers. There were very few differences across the six childcare centres in the parents' and staff members' views on emotional needs.

When asked about the extent to which infants' and toddlers' emotional needs are met in childcare centres, most parents expressed fairly positive views, with 18 (50%) satisfied, 12 (33%) very positive, 4 (11%) giving mixed responses, and 1 a neutral response. Among the staff members, 10 (63%) were

satisfied, 5 (31%) gave mixed responses, and 1 a neutral response. The centre owners, Board member, and centre visitor expressed fairly positive views. None of the participants expressed a negative view on the extent to which emotional needs are met in childcare centres.

Similarly, none of the participants expressed a negative view on the extent to which childcare centres cater for infants' and toddlers' attachment needs. Staff members were notably positive about meeting attachment needs, and most parents were satisfied. More than half of the parents identified a caregiver who was regarded as their infant's or toddler's favourite.

Overall, most parents and many staff members were fairly satisfied about the extent to which infants' emotional and attachment needs were met in the childcare centres.

Social Needs

When asked about infants' and toddlers' main social needs, both the parents and the childcare centre staff talked about the importance of contact with peers and with caregivers. Comments about contact with peers included:

> Mother: I think creche is a good place for him to learn to be part of the group rather than just by himself, which is quite important if they can learn it at a very early stage. That's one advantage of putting him in creche.

Most parents, almost all staff members, and all of the other participants were satisfied or very positive about the extent to which infants' and toddlers' social needs are met in the childcare centres.

When the parents and staff members were asked what they would like to see done differently to meet the needs of infants and toddlers in childcare centres, nearly half of the parents said they were happy with what was being done, and they had no suggestions about changes. However, about a quarter of the parents and two thirds of the staff members recommended that having higher ratios of staff to infants would help towards meeting infants' needs.

Infants' and Toddlers' Cognitive and Language Needs

Infants' and toddlers' intellectual needs were another priority area, with over half of the parents and around half of the staff members spontaneously mentioning intellectual needs as a main need of infants and toddlers. When asked specifically about the main intellectual needs of infants and toddlers, half of the

parents mentioned stimulating experiences, such as being presented with toys and having an adult interact with them.

Parents also mentioned books, and a general need to learn, develop, or progress. Most of the childcare centre staff mentioned experiences and stimulation as main intellectual needs of infants and toddlers, some commented on stimulating equipment and toys, and some referred to verbal stimulation, books, and being read to. Fairly similar responses came from the other participants. Both of the childcare centre owners mentioned verbal stimulation as a need.

When asked to what extent infants' and toddlers' intellectual needs are met in the childcare centres or in group care situations, most parents expressed positive views. Similarly, most staff members and other participants responded positively or very positively, and none of the participants made negative comments.

Some diverse views were recorded on infants' and toddlers' language needs. Many participants said that verbal stimulation and being able to talk to others are important. However, the parents' perceptions of bilingual needs varied. Although 6 parents spoke in detail about young children's bilingual needs, 3 other parents advocated using the English language only.

In response to a question about the extent to which infants' and toddlers' language needs are met in childcare centres, many parents were quite positive, but a few were not satisfied. One parent who made a more negative statement was concerned that her toddler, aged 16 months, was the oldest in the group and interacted mainly with younger infants.

All of the staff members, centre owners, and centre visitors were satisfied or very positive about the extent to which the childcare centres meet infants' and toddlers' language needs. When the participants were asked, "What is done in the programme to meet the infants' and toddlers' language needs?" they most frequently mentioned music and rhymes, talking to them, reading stories, and having conversations.

Infants' and Toddlers' Physical and Health Needs

The physical and motor needs mentioned most frequently by the participants were the need for activity in general and the need for outdoor space. When asked about the extent to which infants' and toddlers' physical needs are met in the childcare centres, most participants responded quite positively, with a few exceptions where space was a concern.

Comments made by parents and childcare centre staff about

infants' and toddlers' health needs show some emphasis on infectious diseases and the prevention of cross-infection. Responses on the extent to which infants and toddlers' health needs are met in the childcare centres were fairly mixed. However, most of the staff and almost two thirds of the parents were satisfied.

Several parents who expressed mixed views were concerned about aspects of nutrition. Others who were reasonably satisfied were concerned about cross-infections or about minor injuries from peers, such as biting.

The Cultural and Community Context

There were some differences in the way people perceived cultural needs. Many participants commented in detail on infants' and toddlers' cultural needs. However, some parents expressed the view that children aged under 2 years have no cultural needs.

When asked about the extent to which infants' and toddlers' cultural needs are met in childcare centres, most parents were either fairly satisfied, or they thought the question irrelevant because they believed children aged under 2 years have no cultural needs.

In response to the question, "How are community and cultural needs met in centres catering for young children?", parents and staff members most frequently commented that the centres meet the communities' need for care; or they mentioned visits by the centre to shops, offices, commercial centres, and the park.

When they were asked if there was anything they wanted to see done differently in the childcare centres to fit in with their own community or culture, about two thirds of the parents responded that they were quite happy with the centre practices. A few stated that they were satisfied and they recognized their own culture as a minority one. A few parents wanted more contact with the elderly in the community, more male staff members, or more information about childcare available to the community. A third of the staff members wanted more contact with other educational organizations including the local school, the kohanga reo, and the playcentre. A centre visitor recommended improved town planning and siting of childcare centres.

The Parents' Needs

Most of the parents perceived their main need as knowing their infants or toddlers were safe, secure, well cared for, learning well, and in quality care. About a third of the parents discussed the need for communication with staff; 6 mentioned financial needs, 6 professional and work needs, and 6 the need

for flexibility of childcare centre hours; 4 spoke of the need for a lack of guilt and confidence in the decision to use childcare, and another 4 of staff qualities, and 2 wanted more involvement in management and decision making.

The staff members' views on the needs of parents focused mainly knowing the child was safe and well cared for, and on parent-staff communication. When questioned further about communication between staff and parents, almost all parents and staff described direct verbal communication as most effective.

There were some differences in the extent to which parents wanted to be involved in the childcare centres. However, most mothers wanted the same involvement or more involvement, and many mentioned time pressures as a problem.

When asked about health visits at childcare centres, over a third of the mothers wanted health personnel to visit the centres, and another third were in favour of routine visits to the centre provided certain conditions were met like informed consent, but almost a third preferred to make their own arrangements for their infants' health care. The fathers' opinions were fairly similar, although slightly fewer fathers wished to make their own arrangements.

The fees paid by the parents ranged from $110 to $143 per week. Parents tended to view the services provided as very good value. Some parents thought they could not afford to have more than one child enrolled at a childcare centre, and a few parents were struggling to pay the fees.

Most parents and staff members were satisfied with the way in which the childcare centres catered for parents' needs. Some suggestions were made about changes that could be made to meet parents' needs. Many parents wanted more communication with staff, especially about the programme. Most staff members also wanted more communication with parents.

Childcare Staff Members' Needs

The childcare centre staff members tended to describe their main needs in terms of having breaks or time out, and receiving adult support. The parents talked about staff needs mainly in terms of wages and breaks or time out.

These comments made by childcare workers from different centres illustrated the concern about breaks and working conditions, adult support, and stress:

> (Staff need) staff support from each other. An adequate amount of time out. If you've got a new

child crying, just adequate time to recover from that.

Both of the childcare centre owners also mentioned the need among childcare centre staff for adult support, breaks and time out, and for staff training.

When asked specifically about adult-child ratios, staff members tended to advocate a 1:3 and sometimes 1:2 ratio, with several commenting in detail on the need for high staff-infant ratios to enhance the quality of care.

In relation to payment of staff, many of the childcare workers thought they were better paid at their own centre than staff were at some other centres. Three quarters of the staff members were on the Consenting Parties Award or higher.

On the topic of staff training, half of the staff members recommended more inservice training, and several wanted more trained staff employed.

All of the participants were asked what they would like to see done differently to meet the needs of childcare staff who work with children aged under 2 years. The parents most frequently suggested more pay in general and more staff training, then better hours and breaks, improved staff-child ratios, and more recognition and status. Similarly, the staff members most frequently mentioned more staff training, better hours and breaks, and improved ratios.

Funding Issues

More than half of the parents and about two thirds of the staff were aware of the government subsidy to childcare centres for infants aged under 2 years, which was introduced in the 1989 budget and was in the process of implementation during the early phases of this study. The participants were asked what they would like to see the subsidy spent on, and were provided with a list of options to prioritize.

Better staff ratios was the most frequent response from both the fathers and the mothers. Among the staff members, better ratios ranked first equal together with more equipment and resources for the under 2s. Clearly, staff-child ratios were a major priority or the participants.

Perceptions of Professionals

Representatives of relevant professional groups were also invited to participate in interviews. They included representatives of: the New Zealand Childcare Association/ Te Tari Puna Ora O Aotearoa; the Combined Early Childhood Union of Aotearoa; the

early childhood sections of two Colleges of Education; the Medical Association of New Zealand; the New Zealand Nurses Association; and the Education Department of a university.

Some of the main themes evident in transcripts of the interviews with representatives from professional groups were: staff training, with reference to the learning needs of infants and toddlers; meeting the emotional needs of infants; early childhood funding; and childcare infants' and toddlers' health needs.

Staff Training and Education Needs

Representatives of several professional groups commented extensively on the training needs of childcare staff. There was some optimism about the impact of the 3 year early childhood training programme. Other participants emphasized the importance of in-service training, especially in relation to meeting infants' and toddlers' language, cognitive and learning needs.

Representatives of educational and professional groups described links between the training needs of staff, the nature of parent-staff communication, and the quality of care for infants and toddlers:

> I think that is a staff need - to be professional, to be comfortable and to feel good about what you're doing. I guess it's linked with competence, if you feel competent about what's needed, if you know what is required, you will work at achieving quality care.

Infants' and Toddlers' Emotional Needs

The central importance infants' and toddlers' emotional and spiritual needs was supported. Training was seen as important if these needs are to be met.

Early Childhood Funding

The participants spoke positively about the impact of the increased funding provisions on the quality of centre-based infant care. When asked about priorities for using the new funding, some replied:

> Can I just say that since the increased funding did come in for under 2s, probably from my experience there has been a change in that the focus has moved to looking at quality, quality care rather than just the babysitting aspect. I think the increased funding has had a lot to do with looking at quality now, in most of the centres.

Health Needs and Recommendations

Views on the health needs of infants and toddlers varied in relation to the interviewees' perceptions and experiences of health or wellness, and illness. Several interviewees expressed concern about nutrition and breast feeding.

It was also recommended that there is a need for employers to be accommodating, and for families and communities to be aware and to support childcare centre parents when they are caring for their unwell infants and toddlers.

CONCLUSIONS AND IMPLICATIONS

Organization of Care for Infants and Toddlers

This study shows that contrastive categories of childcare centre organization are associated with:

- parent involvement and participation in management;
- centre type: work based, educational institution, charitable trust, private ownership;
- cross-age versus babyroom care;
- number of infants and toddlers attending.

Interactive Experiences of Infants and Toddlers

The results of the observations suggest that:

- the observed ratios exceeded minimum standards requirements at all centres.
- Very low frequencies of "negative" behaviours occurred at all centres. This is consistent with findings in some U.S. childcare centres, see Howes (1983).
- Some differences in the frequency of verbal interactions were found. Older toddlers interacted with peers more frequently.
- Facilitative physical interactions were less frequent at private centres; however one private centre had a very high incidence of caregiver mediates objects.
- Perhaps education and care priorities vary at different centres according to centre philosophies.

Infants' and Toddlers' Needs

Views and experiences concerning infants' needs show that:

- emotional/ (spiritual) needs were seen as a priority area by parents, professionals, and staff.
- Differences were found in parents' views on cultural needs, based on their experiences.

Implications for Policy and Practice

Some implications of the research findings for practice and for policy development with infants and toddlers are:

Staff Management Issues

Observations were made that had implications for the management of staff and other staffing issues. For example, the continuity of staff and the rotation of staff were important concerns. There was no agreement on the one best way of managing the use of relieving staff, the staff members' non-contact time, and their breaks. Findings from the interviews with parents and staff members indicate that staff-child ratios were a prominent concern, relevant to quality care and to meeting the emotional needs of infants and toddlers.

Staff Training Issues

Training implications and issues apparent in this study concerned child management, physical space, and the attention allocated to each child. Interviews with staff members, other professionals, and parents showed their concern about the provision of, and access to, ongoing inservice training. Findings by Howes (1986) indicate that staff training, including regular, ongoing inservice training, influences the quality of care received by toddlers in childcare centres.

Curricula for Infants

The observations showed that there was diversity across the childcare centres, for example in the amount of physical contact between caregivers and infants and in the frequency with which caregivers mediated objects. The week-long observations suggest variations between centres in the pacing of the day and the organizing of activities. Interviews with the parents suggested the need for more staff-parent communication about the programme.

Government Agencies and Support

There were also some findings concerning government agencies and support. The interviews with parents, staff, and other professionals suggested a need for more regular health visitors to the childcare centres. They also emphasized the need for changes in the work place towards the provision of more adequate parental leave when young children are ill.

Further Research

Further research would be useful on the longer-term experiences infants who attend New Zealand childcare centres.

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